

# City of Hampton

#### MODIFICATION OF ZONING CONDITION APPLICATION

(Pursuant to Appendix A: Zoning, Article 12. Section 12-7)

City Hall 17 East Main Street South PO Box 400 Hampton, GA 30228

Phone: 770.946.4306 Fax: 770.946.4356 www.hamptonga.gov MAYOR

ANN N. TARPLEY

MAYOR PRO-TEM MARTY MEEKS

CITY COUNCIL

SHEILA BARLOW HENRY BYRD DEVLIN CLEVELAND MARY ANN MITCHAM WILLIE TURNER

> CITY MANAGER ALEX S. COHILAS

Name of Applicant:	Tel.:	
Mailing Address:		
Name of Property Owner:	_Tel:	
(Attach additional page for more than one owner. Applicant named above affirms that they are the owner or agent of the owner of the property described below and requests modification of zoning condition described).		
Address of Property:Tax Parcel No:		
Size of Tract:acre(s), Land Lot Number(s	):District(s):	
Zoning Classification: Current:	_Zoning Case No:	
Modification Requested		
Current condition:		
Requested change:		
Purpose:		

#### ATTACH THE FOLLOWING DOCUMENTS:

- 1. Site plan depicting existing zoning condition and proposed modification.
- 2. Plat showing property lines, adjoining streets, existing zoning, floodplain when present, adjacent property owners and zoning info, north arrow and scale. Submit seven copies of the plat; including (1) digital pdf copy.
- 3. List adjacent property owners on mailing labels.
- 4. Disclosure of Campaign Contributions and Gifts Form.
- 5. If Property Owner and Applicant are different, Authorization by Property Owner Form or Authorization of Attorney Form.
- 6. Letter of Intent. Must clearly state the purpose and justification of proposed modification for City Council consideration.
- 7. Filing fee payable to the City of Hampton.

I hereby authorize the staff of City of Hampton to inspect the premises of the above described property. I hereby depose and say that all statements herein and attached statements submitted are true and correct to the best of my knowledge and belief.

Sworn to	subscribe be	fore me	
This	day of	, 20 .	
Si	gnature of Ap	plicant	
	-	•	
	a ta a a . D. dali a		
IN (	otary Public		

Planning Department Review:	
Date of Review:	
Staff's Recommendation:	
Conditions:	
Mayor and Council of the City of	Hampton:
Mayor and Council of the City of  Date of Hearing:	Hampton:
•	Hampton:
Date of Hearing:	Hampton:

# **DISCLOSURE OF CAMPAIGN CONTRIBUTIONS**

(Required by Title 36, Chapter 67A, Official Code of Georgia Annotated)

Reference: Application filed on of Hampton Ordinance No described as follows:		_, 20 _Item No.:	, to modify zoning condition(s), City , for real property
accession de l'oneme.			
Within two years preceding the above filing \$250.00 or more to each member of the C is listed below. List (1) the name and officient description, and date of each such campain	ity Council of the City al position of the loca	y of Hamptor	who will consider the Application and
I hereby depose and say that all statement and belief.	ts herein are true, co	rrect and cor	nplete to the best of my knowledge
Signature of Applicant			
Sworn to and subscribed before me			
Thisday of, 20			
Notary Public			

## **DISCLOSURE OF FINANCIAL INTERESTS**

(Required by Title 36, Chapter 67A, Official Code of Georgia Annotated)

Reference: Application filed on		, 20, to modify zoning condition(s), Cit
Hampton Ordinance No.	Item No.:	, 20, to modify zoning condition(s), Cit, for real property described as follows:
follows: The undersigned official of the (Note 3) which has a property The undersigned official of the	e City of Hampton has a interest in said propert e City of Hampton has a erty of a financial interes	a property interest (Note 1) in said property as a financial interest (Note 2) in a business entity ty, which financial interest is as follows: a member of the family (Note 4) having a st in a business entity in said property, which rest are as follows:
total ownership.  Note 2: Financial interest – All direct o where such ownership interest is 10 p	wnership interests of the ercent (10%) or more.	n, including and percentage of ownership less than the total assets or capital stock of a business entity ortnership, firm, enterprise, franchise, association,
Note 4: Member of family – Spouse, m	nother, father, brother, s	sister, son or daughter.
I hereby depose and say that all states knowledge and belief.	ments herein are true, c	correct and complete to the best of my
Signature of Applicant		
Sworn to and subscribed before me		
Thisday of, 20		
Notary Public		

### **AUTHORIZATION OF PROPERTY OWNER**

Application for Modification of Zoning Condition(s)

I swear that I am the owner of the property, which is the subject matter of the attached application, as is shown in the records of Henry County, Georgia.

I authorize the person named below to act as Applicant in the pursuit of rezoning, variance, and/or modify zoning condition of this property.

Name of Applicant
Address
Telephone No
Signature of Owner
Personally, appeared before me
Who aware the information contained in this puth orientian is true and correct to the heat of his or her knowledge
Who swears the information contained in this authorization is true and correct to the best of his or her knowledge and belief.
Notary Public
Date

## **AUTHORIZATION OF ATTORNEY**

Application of Modification of Zoning Condition(s)

I swear that as an attorney at law, I have been authorized by the owner to file the attached application.

Signature of Attorney		
Name		
Address		
City	State	Zip Code
Telephone Number		